



BAYSTON HILL
PARISH COUNCIL

*'protecting and improving the quality of life
for all Bayston Hill residents'*

| | | | | |
|---|----------------------|--------------------------|----------------------|--------------------------|
| POST APPLYING FOR: | Handyperson | | | |
| INITIALS: | <input type="text"/> | SURNAME: | <input type="text"/> | |
| <i>For the purpose of equality, please only disclose details requested:</i> | | | | |
| HOME ADDRESS: | <input type="text"/> | | | |
| POST CODE: | <input type="text"/> | | | |
| NATIONAL INSURANCE N°: | <input type="text"/> | | | |
| HOME TEL N°: | <input type="text"/> | | | |
| MOBILE TEL N°: | <input type="text"/> | | | |
| WORK TEL N°: | <input type="text"/> | | | |
| May we contact you on your work number? (X) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| E MAIL: | <input type="text"/> | | | |
| Do you have a current driving licence? (X) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have the use of a car? (X) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Please give details of any endorsements on your licence: | <input type="text"/> | | | |

EDUCATION (Please continue on a separate sheet if necessary)

| NAME OF SECONDARY SCHOOL, COLLEGE OR UNIVERSITY | QUALIFICATION GAINED OR PENDING | GRADE OBTAINED | YEAR OBTAINED |
|---|---------------------------------|----------------|---------------|
| | | | |

PROFESSIONAL BODY MEMBERSHIP

| DATE OBTAINED | PROFESSIONAL/TECHNICAL BODY | MEMBERSHIP NUMBER | GRADE/LEVEL |
|---------------|-----------------------------|-------------------|-------------|
| | | | |

PERSONAL DEVELOPMENT

Please include any relevant training, self development, Continuous Professional Development etc

| COLLEGE/ORGANISATION | COURSE TITLE/DETAILS | DATES |
|----------------------|----------------------|-------|
| | | |

PRESENT EMPLOYMENT (Please give details of present or most recent employment):

| | | | |
|---------------------|--|------------------|--|
| EMPLOYER'S NAME: | | | |
| ADDRESS: | | | |
| POST CODE: | | | |
| JOB TITLE: | | START DATE: | |
| CURRENT SALARY: | | NOTICE REQUIRED: | |
| CURRENT DUTIES: | | | |
| REASON FOR LEAVING? | | | |

PREVIOUS EMPLOYMENT (Please give details of relevant employment):

| DATES FROM TO | | EMPLOYER - ORGANISATION | JOB TITLE (and brief description of role) | REASON FOR LEAVING |
|-----------------------------------|----------|----------------------------|--|-----------------------|
| dd/mm/yy | dd/mm/yy | | | |

Please continue on a separate sheet if necessary

FURTHER INFORMATION. Please give below any further information which may support your application (eg previous experience, anything you have achieved in or out of work, what influenced you to apply for this job, career plans etc).

Please continue on a separate sheet if necessary

MEDICAL HISTORY (Please give details including duration of any periods of illness over the last two years).

How many **periods** of absence have you had through ill-health in the last two years of employment?

In this period, how many days in total have you been absent from work through ill-health?

Please circle 0-3 days 4-10 days 11-20 days 21-29 days 30+ days

Please give brief details.....

OUTSIDE INTERESTS (Hobbies, sports etc):

REFERENCES (Please give details of two referees whom we may ask about your suitability for this employment. One of these should be your present or most recent employer. Young people not previously employed should give one school and one personal referee.)

| | | | |
|------------|--|------------|--|
| (i) NAME: | | (ii) NAME: | |
| JOB TITLE: | | JOB TITLE: | |
| ADDRESS: | | ADDRESS: | |
| TEL N°: | | TEL N°: | |
| FAX N°: | | FAX N°: | |
| E-mail: | | E-mail: | |

May referees be contacted without further authority from you? (i) Yes No (ii) Yes No

We will not confirm an offer of appointment until we have received a satisfactory reference from your present or most recent employer (or school if you are a school leaver).

ADDITIONAL DETAILS

Please give the name of any Councillor/ Senior Member of Staff to whom you are related (Canvassing of Councillors will disqualify your application):

Declaration and Consent

Information supplied on this form will be used to monitor the effectiveness of our practices and procedures, in particular our Equal Opportunities Policy. The monitoring is for statistical purposes only, and your personal details will not be identifiable from this process. Bayston Hill Parish Council will not retain application forms for *unsuccessful applicants* after twelve months from the date of appointment to the post. These will be destroyed confidentially.

I certify that to the best of my knowledge the details provided on this form and all other supporting papers are true and correct. Furthermore, I understand that if I have provided false or misleading information in response to any questions on this form or have failed to disclose information, this will result in the termination of any contract of employment entered into, or the withdrawal of any offer of employment. I also hereby give my explicit consent to the processing of data contained or referred to on this form, in accordance with the Data Protection Act 1998 and any subsequent legislation.

Signature of applicant: _____ **Date:** _____

If you are e-mailing an application you will be asked to sign this declaration at interview.

Return Address:

Julie Hodgkiss, Clerk,
 Bayston Hill Parish Council
 Lyth Hill Road, Bayston Hill
 Shrewsbury, SY3 0EW
Tel: (01743) 874651 or 07458 095619
Email: clerk@baystonhillparishcouncil.org.uk

If you would like us to acknowledge receipt of your application please enclose an S.A.E. If you have not heard within 21 days of the closing date, assume that your application has been unsuccessful

BAYSTON HILL PARISH COUNCIL

Equal Opportunities Form

Bayston Hill Parish Council is committed to equal opportunities for all regardless of sex, ethnic origin, age or sexual orientation, family responsibilities, religion, trade union involvement or political beliefs, and dedicated to the promotion of racial equality.

Individuals will be recruited solely on the basis of genuine job requirements, relevant experience and qualification, skill and other objective criteria.

In order for the Council to ensure that it can effectively monitor its Equal Opportunities Policy, you are requested to complete the following. This form will be separated from the application and will be used for analysis by Personnel only.

GENERAL *(Please Complete)*

POST TITLE: POST REF N^o:

DEPARTMENT: SECTION:

FULL NAME:

PREFERRED TITLE: MR/MRS/MISS/MS

DATE OF BIRTH: AGE:.....

ETHNIC ORIGIN AND RELIGION *(Please X)*

White

- English
- Scottish
- Welsh
- Other White British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Other White

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

Black or Black British

- Caribbean
- African
- Any other black background

Asian or British Asian

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Chinese or other ethnic group

- Chinese
- Other

I would prefer not to say

In terms of my religion, I would describe myself as:

- Christian
- Jewish
- Buddhist
- Muslim
- Hindu
- Sikh
- Of other religion (please specify)
-
- Having no religion
- I would prefer not to say

GENDER *(Please X)*

MALE

FEMALE

REHABILITATION OF OFFENDERS

(Please X)

Have you ever received a caution or been convicted by a court of a criminal offence?

YES

NO

If YES please give full details. You should NOT include convictions which are considered to be spent under the Rehabilitation of Offenders Act 1974.

.....
.....
.....

Any information disclosed will be taken into consideration but will not automatically prevent your application from proceeding. If you are appointed, failing to disclose an unspent criminal conviction may lead to your dismissal.

DISABILITY

(Please X)

Under the Disability Discrimination Act "disability" is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.

Please confirm whether you consider yourself to be disabled or to have any medical conditions:

YES

NO

If yes to the above please give details.

The Council undertakes to interview disabled people who meet the essential requirements of the vacancy.

ADVERTISEMENT

Where did you see this vacancy advertised ? *(Please circle)*

Local newspaper

National newspaper

Internet

Professional Journal

Job Centre

Other

BAYSTON HILL PARISH COUNCIL

ASYLUM AND IMMIGRATION ACT 1996

Please complete and return this statement with your application form.

In order to comply with the requirements of Section 8 of the Act, Bayston Hill Parish Council has to check whether you have valid and continuing permission to live and work in the UK. In order to avoid any hint of discrimination the Council asks **ALL** applicants for this information.

At this stage the Council only needs to know if you are affected by the Asylum and Immigration Act 1996 and, if so, that you have a valid permission. A false assertion will render you liable for dismissal if it comes to light after you have been appointed.

Please complete either box A, box B or box C

A I am not affected by the Asylum and Immigration Act 1996

Name: _____

Signature: _____

Date: _____

B I declare that I am affected by the Asylum and Immigration Act 1996 and that I have current a valid permission to live and work in the UK.

Name: _____

Signature: _____

Date: _____

C If your circumstances are not straightforward, please describe them below;